



Candidate Donation Form

JACPAC identifies candidates who will benefit by your financial support and who will make excellent members of Congress, acting in accordance with JACPAC's issue positions.

Your contributions are combined or bundled -- using JACPAC as the conduit -- to make a greater impact than any single donation could make on its own. This in no way diminishes your personal relationship with a candidate. In fact, it enhances it.

JACPAC members, not just a select few leaders, personally deliver the collected contributions. Through this personal contact, candidates understand that the donations come from a national network of contributors who care about Israel, reproductive freedom for women, and separation of religion and state.

First Name: _____ Last Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Telephone: _____ Cell phone: _____

Occupation: _____ Employer: _____

For multiple candidate donations, please indicate how you want the total allocated, e.g. evenly among your selections or indicate a specific amount per candidate. **If you are contributing for an event, please note it here. (e.g. Candidate-city, number of tickets, guest names, etc.)**

Candidate: _____ Donation Amount: _____

Candidate: _____ Donation Amount: _____

Candidate: _____ Donation Amount: _____

Candidate: _____ Donation Amount: _____

Candidate: _____ Donation Amount: _____

Candidate: _____ Donation Amount: _____

Let JAC Choose: Total Donation: _____

Federal election law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200. Individuals may donate up to \$5,400 per election cycle to a candidate: \$2,700 for the primary election, and \$2,700 for the general election. According to the law, JACPAC cannot accept corporate contributions. Membership, gifts, or other payments to JACPAC are not deductible as charitable contributions for federal income tax purposes.

This certifies that I have read these legal requirements:

Credit Card Type: MasterCard Visa Expiration Date (mm/yy): _____

Card Number: _____ Name on Card: _____

Signature: _____

Please fill out and fax to: (847) 433-6194 or mail to JAC, P.O. Box 105, Highland Park, IL 60035 USA